You are Invited to the

Freshman Orientation Retreat

WHAT: Freshman Orientation

WHEN: May 28, 2026 8:30 a.m.-4:00p.m.

WHERE: Parke Heritage High School

Details: Morning info sessions, pizza lunch, afternoon canoeing!











PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK (continued from front side)

Having read this entire document, front and back, I fully understand and agree with its terms and conditions.

X **SIGNATURE of Participants (18 years & older)**	**PRINTED NAME**	I am taking and/or consuming alcohol on this trip and agree to Sugar Valley's policy. (Must be 21 years old.) Please circle
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO

PARENTAL/GUARDIAN AUTHORIZATION (Required only if participant is a minor)

I fully understand and agree with the terms and conditions above and sign on behalf of my minor child:

X Minor Child(ren) X

_____

_____

_____

X _____ _____

Signature of Parent/Guardian Printed Name

North Central Parke Community School Corporation

Parent Permission and Medical Release Form

Date: 5/28/26

Field Trip Location: Sugar Valley Canoes

Field Trip Date: May 28, 2026 Leave Time: 12:00 p.m Return Time: 4:00 p.m

Purpose of Field Trip: Class Trip X ECA Trip___ Freshman Orientation

Transportation: Corporation Bus/Mini Bus: _____ Other-Specify: _____

Projected Student Expense: $_____

Student Information

Student Name: _____ Grade:_____

Address: _____ Birth Date: _____

Parent/Guardian Name: _____

Emergency Phone Number: _____ Relationship to Student: _____

Emergency Phone Number: _____ Relationship to Student: _____

Family Physician: _____ Phone Number: _____

Health Problems/Handicaps? : Yes No If yes, please explain: _____

_____

Allergies? : Yes No If yes, please explain: _____

_____

Is your child presently receiving any type of care from a physician or on any medication?: Yes No

Is yes, please explain: _____

Parent Permission Information: I give my permission for my child to participate in the field trip listed above. I give my permission in advance for any emergency medical care that may be necessary and administered by an authorized health care giver. This emergency care will be at the patients/guardians expense. In case of an accident, I will not hold any individual representing North Central Parke Community School Corporation liable.

Parent /Guardian Signature: _____ Contact #_____

To participate in this field trip, the permission form must be returned to the teacher/sponsor by: May 28, 2026